

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

<u>VICKY FRAIZER</u>)	
NAME OF THE PLAINTIFF)	
)	
- vs -)	
)	
<u>UNIVERSAL PRINTING CO.</u>)	Case No.
)	
<u>1234 SO. KINGSHIGHWAY</u>)	
)	
<u>ST. LOUIS, MO. 63110</u>)	JURY TRIAL DEMANDED
)	
<u>ROBERT EBEL, JR.</u>)	YES <u>X</u> NO <u> </u>
NAME OF THE DEFENDANT OR)	
DEFENDANTS (Enter above the full name(s) of)	
ALL defendant(s) in this lawsuit. Please)	
attach additional sheets if necessary.)	

EMPLOYMENT DISCRIMINATION COMPLAINT

1. This employment discrimination lawsuit is based on (check only those that apply):

X Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. §§ 2000e, *et seq.*, for employment discrimination on the basis of race, color, religion, gender, or national origin.
NOTE: *In order to bring suit in federal district court under Title VII, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.*

 Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. §§ 621, *et seq.*, for employment discrimination on the basis of age (age 40 or older).
NOTE: *In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file charges with the Equal Employment Opportunity Commission.*

 American with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101, *et seq.*, for employment discrimination on the basis of disability.
NOTE: *In order to bring suit in federal district court under the American with Disabilities Act, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.*

Rehabilitation Act of 1973, as amended, 29 U.S.C. §§ 701, et seq., for employment discrimination on the basis of a disability by an employer which constitutes a program or activity receiving federal financial assistance.

NOTE: *In order to bring suit in federal district court under the Rehabilitation Act of 1973, you must first file charges with the appropriate Equal Employment Office representative or agency.*

Other (Describe)

PARTIES

2. Plaintiff's name: VICKY FRAIZER

Plaintiff's address: 2552 TANGLEWOOD
Street address or P.O. Box

ARNOLD, MO. 63010
City/ County/ State/Zip Code

(636) 282-0008
Area code and telephone number

3. Defendant's name: ROBERT EBEL JR.

Defendant's address: 1234 So. KINGSHIGHWAY
Street address or P.O. Box

ST. LOUIS, MO. 63110
City/County/State/ Zip Code

(314) 771-6900
Area code and telephone number

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES, ADDRESSES AND TELEPHONE NUMBERS ON A SEPARATE SHEET OF PAPER.

4. If you are claiming that the discriminatory conduct occurred at a different location,

please provide the following information:

1328 So. Kings Highway St. Louis Mo. 63110
(Street Address) (City/County) (State) (Zip Code)

5. When did the discrimination occur? Please give the date or time period:

1-20-06 - 2-20-06

ADMINISTRATIVE PROCEDURES

6. Did you file a charge of discrimination against the defendant(s) with the Missouri Commission on Human Rights?

☒ Yes Date filed: 4-5-06

☐ No

7. Did you file a charge of discrimination against the defendant(s) with the Equal Employment Opportunity Commission or other federal agency?

☒ Yes Date filed: 3-12-06

☐ No

8. Have you received a Notice of Right-to-Sue Letter?

☒ Yes ☐ No

If yes, please attach a copy of the letter to this complaint.

9. If you are claiming age discrimination, check one of the following:

☐ 60 days or more have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission.

☐ fewer than 60 days have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission.

NATURE OF THE CASE

10. The conduct complained of in this lawsuit involves (check only those that apply):

☐ failure to hire me

☐ termination of my employment

☐ failure to promote me

☐ failure to accommodate my disability

☐ terms and conditions of my employment differ from those of similar employees

☐ retaliation

☐ harassment

☒ other conduct (specify): SIX FEMALES BACK TO WORK DAY

AFTER SURGERY (EXCLUDE SATURDAY + SUNDAY) ON LIGHT DUTIES,
ONE MALE - SAME SURGERY, SAME DOCTOR, WAS GRANTED
30 DAYS OFF FOR MEDICAL RECOVERY.

Did you complain about this same conduct in your charge of discrimination?

☒ Yes

☐ No

11. I believe that I was discriminated against because of my (check all that apply):

☐ race

☐ religion

☐ national origin

☐ color

☒ gender

☐ disability

____ age (my birth date is: _____)

____ other: _____

Did you state the same reason(s) in your charge of discrimination?

☒ Yes

☐ No

12. State here, as briefly and clearly as possible, the essential facts of your claim. Describe specifically the conduct that you believe is discriminatory and describe how each defendant is involved in the conduct. Take time to organize your statement; you may use numbered paragraphs if you find it helpful. It is not necessary to make legal arguments, or to cite cases or statutes.

I AM EMPLOYED BY RESPONDENT PRIG. CO AS A BINDER. LAST YEAR I HAD SURGERY TO MY HAND THE IMMEDIATE OUTCOME OF WHICH REDUCED MY HANDS MOBILITY. AT THE TIME I UNDERSTOOD THE COMPANY'S POLICY TO BE GRANTED TIME OFF FOLLOWING SURGERY UPON REQUEST. HOWEVER WHEN I REQUESTED TIME OFF FOR MEDICAL RECOVERY RESPONDENT'S HUMAN RESOURCE MANAGER INFORMED ME THE POLICY HAD CHANGED AND NO TIME OFF WAS NOW GRANTED. I LATER LEARNED AT LEAST FIVE OTHER WOMEN BINDERS BESIDES MYSELF HAD SIMILAR SURGERY AND THEY TOO WERE DENIED TIME OFF FOR MEDICAL RECOVERY. RESPONDENT SUPPORTING THE DENIAL BECAUSE OF THE POLICY. EARLY THIS YEAR I LEARNED A MALE BINDER HAD A SIMILAR SURGERY AND UNLIKE MYSELF AND THE OTHER FEMALE BINDERS WAS GRANTED 30 DAYS OFF FOR

MEDICAL RECOVERY. WHEN RESPONDENT WAS APPROACHED AND ASKED WHY THE MALE BUT NOT THE FEMALE BINDERS WERE GIVEN TIME OFF FOR SURGERY RECOVERY I WAS TOLD THE POLICY HAD CHANGED, THERE HAD BEEN A MISTAKE AND "GET OVER IT."

(Attach additional sheets as necessary).

13. The acts set forth in paragraph 12 of this complaint:

_____ are still being committed by the defendant.

_____ are no longer being committed by the defendant.

X may still be being committed by the defendant.

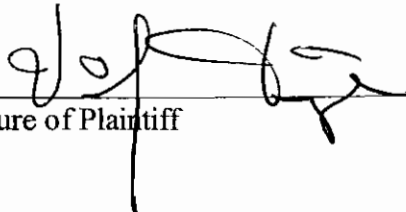
REQUEST FOR RELIEF

State briefly and exactly what you want the Court to do for you. Make no legal arguments;

cite no cases or statutes. MAKE WHOLE, COMPENSATION. EQUAL TREATMENT TO RECEIVE PROPER MEDICAL ATTENTION.

MAKE WHOLE.
COMPENSATION.
EQUAL TREATMENT
TO RECEIVE PROPER MEDICAL ATTENTION

Signed this 5 day of MAY, 2007.


Signature of Plaintiff